

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐Check if different
than previously
reported. (ACC)

Owings Mill

MD

21117

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00286922

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeanne Kennedy

Signature of Treasurer

Electronically Filed by Jeanne Kennedy

Date

07

31

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		4490.28
(b) Cash on Hand at Beginning of Reporting Period	4490.28	
(c) Total Receipts (from Line 19)	6294.40	6294.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10784.68	10784.68
7. Total Disbursements (from Line 31)	2500.00	2500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8284.68	8284.68
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1664.00	1664.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	4630.40	4630.40
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	6294.40	6294.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	6294.40	6294.40
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6294.40	6294.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6294.40	6294.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		2500.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		2500.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		2500.00	2500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6294.40	6294.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6294.40	6294.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. Full Name (Last, First, Middle Initial) Gregory A Devou Mailing Address 3132 River Valley Chase City State Zip Code West Friendship MD 21794 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation EVP & CHIEF MARKETING OFFR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1262109711473 Amount of Each Receipt this Period 208.00 P/R Deduction (\$16.00 Weekly)
B. Full Name (Last, First, Middle Initial) David D Wolf Mailing Address 2337-1 Boston St City State Zip Code Baltimore MD 21224 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation EVP, MEDICAL SYSTEMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1262110111473 Amount of Each Receipt this Period 260.00 P/R Deduction (\$20.00 Weekly)
C. Full Name (Last, First, Middle Initial) John A Picciotto Mailing Address 704 Sussex Road City State Zip Code Towson MD 21286 FEC ID number of contributing federal political committee. C Name of Employer CareFirst of Maryland, Inc Occupation EVP & GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1262110211473 Amount of Each Receipt this Period 260.00 P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

728.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 10

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City State Zip Code
Pikesville MD 21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR126212111473

Amount of Each Receipt this Period

208.00

P/R Deduction (\$16.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Sharon J Vecchioni

Mailing Address 13003 Jerome Jay Drive

City State Zip Code
Hunt Valley MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
EVP, CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262209911473

Amount of Each Receipt this Period

208.00

P/R Deduction (\$16.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Gregory M Chaney

Mailing Address 16 Fox Creek Court

City State Zip Code
Owings Mills MD 21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1262210211473

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

676.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Leon Kaplan

Mailing Address 13033 Jerome Jay Dr

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP, OPERATIONS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1262751411473

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

1664.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 10

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A. BluePAC

Full Name (Last, First, Middle Initial)

Mailing Address 1310 G Street NW

City Washington, State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19787600

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Cummings for Congress

Mailing Address 2901 Druid ParkDrive

City Baltimore State MD Zip Code 21215

Purpose of Disbursement

Candidate Name
Elijah Cummings

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 7

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19993279

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cummings for Congress

Mailing Address 2901 Druid ParkDrive

City Baltimore State MD Zip Code 21215

Purpose of Disbursement
Void - Cummings for Congress

Candidate Name
Elijah Cummings

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 7

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
2008 General Electio

011
Category/
Type

Transaction ID: 19994957

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Cummings for Congr-
ess

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00